

**MULTIPLE  
DEPENDENT CLAIM  
STATEMENT SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/089452**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	INDEP.	DEP.	INDEP.	AFTER 2nd AMENDMENT	
				INDEP.	DEP.
1	1	1	1		
2	1	1	1		
3	1	1	2		
4	1	1	2		
5	1	1	2		
6	1	1	2		
7	1	1	2		
8	1	1	2		
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43	1	1	2		
44	1	1	2		
45	1	1	2		
46	1	1	2		
47	1	1	2		
48	1	1	2		
49	1	1	2		
50	1	1	2		
TOTAL IND.	2	1	1		
TOTAL DEP.	53	54	56		
TOTAL CLAIMS	55	55	57		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53	1	1	1	1		
54		1		1		
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS